



August 29, 2019

Marlene Dortch  
Secretary  
Office of the Secretary, Federal Communications Commission  
445 12<sup>th</sup> Street SW, Room TW-A325  
Washington, DC 20554

**Re: Promoting Telehealth for Low-Income Consumers – WC Docket No. 18-213; FCC 19-64**

Dear Secretary Dortch,

The American Optometric Association (AOA) appreciates the opportunity to provide these comments in response to the notice of proposed rulemaking Promoting Telehealth for Low-Income Consumers issued by the Federal Communications Commission (FCC) [WC Docket No. 18-213] (July 30, 2019).<sup>1</sup> The AOA is the leading authority on quality eye care and an advocate for our nation's health, representing more than 44,000 doctors of optometry, optometric professionals, and optometry students. The AOA serves the needs of the public and health professionals through the provision of evidence-based clinical practice guidelines that promote prevention, identification, treatment, and management strategies for eye and vision conditions/diseases to improve the nation's health.

Doctors of optometry take a leading role in patient care with respect to eye and vision care, as well as general health and well-being. As primary health care providers, doctors of optometry have extensive, ongoing training to examine, diagnose, treat, and manage ocular disorders, diseases, and injuries. They also play an important role in the management of systemic diseases with ocular manifestations including diabetes, hypertension, cardiovascular disease, and neurologic disease. Doctors of optometry deliver up to 80 percent of all primary vision and eye health care provided through Medicaid in the United States. Recognized as Medicare physicians for more than 30 years, doctors of optometry also provide medical eye care to more than six million Medicare beneficiaries annually.

**Trend toward connected care**

AOA supports FCC's proposed three-year Connected Care Pilot program to obtain data on the health outcomes and cost savings of connected care among medically underserved populations. We appreciate that clinical outcomes will be carefully considered as part of this project. When used appropriately, telehealth services can improve patient coordination and communication among and between doctors. However, it is critical to always consider what is best for the patient. The stated focus on outcomes should remain a central focus during this Pilot.

With regard to the basic framework of the Pilot program, in defining telehealth and connected care, we believe that the FCC should carefully consider the AOA's Position Statement Regarding Eye and Vision Telehealth Services.<sup>2</sup> We also believe there is value in limiting participation in the Pilot program to health care providers who are located in or serve an area that has received the Health Resources and Services Administration's Health Professional Shortage Areas designation or Medically Underserved Areas

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<sup>1</sup> <https://www.federalregister.gov/documents/2019/07/30/2019-16077/promoting-telehealth-for-low-income-consumers>

<sup>2</sup> <https://www.aoa.org/Documents/Legal/Position%20Statement%20Regarding%20Eye%20and%20Vision%20Telehealth%20Services%20-%20Referenced%20in%20HOD%20Resolution%201989.pdf>

designation. Care provided via telehealth has limitations. Patients in areas with access to physicians should not be directed to telehealth care. While we believe that the Pilot should be limited to areas in which there are access concerns, we do not believe it is necessary to require that participation in the Pilot program be limited to only health care providers that currently provide care to at least a certain percentage of uninsured or underinsured patients, or to a certain percentage of Medicaid patients. We do not believe that the provision of telehealth services should be made dependent on the means by which a patient is paying for their care, and we do not support the targeting of disadvantaged populations with a lesser level of care via telehealth, because of the consequent increases in health inequities and disparities. We believe this program would be most appropriately targeted at supporting remote monitoring of the symptoms of patients with diagnosed, chronic conditions, and who have already developed relationships with their long-term care providers.

### **Role of doctors of optometry in diabetes management**

FCC has indicated that the Pilot's primary focus will be on chronic health conditions, including diabetes. Doctors of optometry play an important, long-term role in diabetes management.

Diabetes is the leading cause of vision loss for Americans between the age of 20-74.<sup>3</sup> However, an estimated 10-25 percent of people with Type 2 diabetes do not know that they have the disease.<sup>4</sup> As such, doctors of optometry play a significant role in the early detection and diagnosis of diabetes. In fact, in 2017, through comprehensive, dilated eye examinations, doctors of optometry diagnosed more than 401,000 cases of diabetic retinopathy in patients who were unaware they had Type 2 diabetes.<sup>5</sup> Patients with undiagnosed Type 2 diabetes are at risk of developing microvascular and macrovascular complications, including visual impairment and blindness, hypertension, renal failure, heart disease, and stroke.<sup>6</sup> Timely diagnosis, intensive diabetes treatment, and consistent, long-term follow-up evaluations for persons with diabetes are essential for effective care, which can preserve vision and substantially lower the risk of vision loss.<sup>7</sup>

Diabetic retinal disease, primarily manifesting as diabetic retinopathy and/or diabetic macular edema (DME), is the most common microvascular complication of diabetes. Despite the availability of highly effective treatments, diabetic retinopathy remains a leading cause of moderate and severe vision loss among working-aged adults in the United States and other industrialized countries. In 2010, 800,000 people worldwide were blind and 3.7 million were visually impaired due to diabetic retinopathy, an increase of 27 percent and 64 percent, respectively, from 1990 to 2010. The number of Americans age 40 years or older with diabetic retinopathy and vision-threatening diabetic retinopathy is projected to triple by 2050, from 5.5 million (in 2005) to 16 million for diabetic retinopathy, and from 1.2 million to 3.4 million for vision-threatening diabetic retinopathy. This means that the need for comprehensive eye exams and subsequent intervention and treatment will continue to increase if we are to prevent vision loss or blindness in the growing diabetic population.

Treatment recommendations depend on the nature and severity of a patient's ocular condition. Doctors of optometry manage a wide range of the ocular/visual complications of diabetes, including loss of visual acuity, refractive error changes, changes in color vision or visual fields, dry eye syndrome, ptosis, cranial nerve palsies, dry eye and recurrent corneal erosions. They also make referrals for concurrent care as needed. Importantly, eye complications from diabetes are asymptomatic during their most treatable stage; therefore, individuals with diabetes but without symptoms should still have regular follow-up

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<sup>3</sup> <https://www.aoa.org/optometrists/tools-and-resources/diabetes-and-eye-health>

<sup>4</sup> <https://www.aoa.org/documents/CPG3EyeCareOfThePatientWithDiabetes2ndEdition.pdf>

<sup>5</sup> <https://www.aoa.org/optometrists/tools-and-resources/diabetes-and-eye-health>

<sup>6</sup> <https://www.aoa.org/documents/CPG3EyeCareOfThePatientWithDiabetes2ndEdition.pdf>

<sup>7</sup> <https://www.aoa.org/documents/CPG3EyeCareOfThePatientWithDiabetes2ndEdition.pdf>

examinations by a doctor of optometry, who can diagnose conditions early and educate and counsel patients on the risk for developing and/or exacerbating ocular manifestations of diabetes.

### **Eye and vision telehealth services**

The AOA supports the appropriate use of eye and vision telehealth services provided by licensed eye doctors – optometrists and ophthalmologists – to supplement access to high-value, high-quality eye and vision care. Eye and vision telehealth services, when used appropriately, can serve to improve patient coordination and communication among and between doctors of optometry and ophthalmologists, as well as other primary care or specialty care providers.<sup>8</sup> In order to improve health outcomes for patients with diabetes, telehealth services must be applied properly. Failure to do so could result in segmented care or inability to diagnose concurrent health issues.

As the FCC continues its work, it is important to understand the potential limitations surrounding the use of eye and vision telehealth services. The AOA strongly supports the doctor-patient relationship, and affirms that telehealth is not appropriate for initial assessment or for the establishment of the doctor-patient relationship.

It is important to note that telehealth-based retinal evaluations are not a substitute for a comprehensive eye examination, which should be performed at least initially and at intervals thereafter as recommended by an eye care professional. AOA's Evidence-Based Clinical Practice Guidelines for diabetes state that patients with a diagnosis of diabetes should be informed about their higher risk for other nonretinal ocular complications, such as cataracts and glaucoma, and informed about available optometric vision rehabilitation care to address loss of visual function. Timely follow-up examinations and management are critical to reduce the risk of vision loss for patients with diabetes. The use of eye and vision telehealth services may be appropriate for basic data acquisition, gathering repetitive specific data, confirmation of expected therapeutic results, confirmation of stability/or homeostasis, and notifications of changes in chronic conditions. Further uses may be appropriate as new evidence and technologies are made available. In sum, eye and vision telehealth services cannot, based on current technologies and uses, replace an in-person comprehensive eye examination provided by an eye doctor; however, telehealth programs may be a cost-effective way of monitoring eye care for persons with diabetic retinopathy or DME as long as the doctor has prescribed its use as appropriate over an in-person assessment

### **Existing uses of eye and vision connected care**

The FCC seeks comment on common existing uses of connected care technologies. There are many platforms for eye and vision telehealth services. Live interactive eye and vision telehealth services use videoconferencing as a core technology. Store-and-forward eye and vision telehealth services are a method of providing asynchronous consultations to referring providers or patients. A medical history and a set of images are collected at the point of service and are transmitted for review by an eye doctor. In turn, the eye doctor provides a consultative report back to the referring provider team or patient at the point of service. Eye and vision remote patient monitoring services refers to personal health and medical data collected from an individual in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in care coordination and related support. Remote patient monitoring solutions often take the form of software as a service, with clinical software that allows eye doctors and other clinical staff to manage patient populations by exception. Interactive telehealth requires the equivalent of direct patient contact.

The AOA supports eye and vision telehealth services designed and dedicated to providing demonstrably high-quality patient care. The AOA does not support eye and vision telehealth services primarily focused

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<sup>8</sup> <https://www.aoa.org/Documents/Legal/Position%20Statement%20Regarding%20Eye%20and%20Vision%20Telehealth%20Services%20-%20Referenced%20in%20HOD%20Resolution%201989.pdf>

on offering access to prescriptions without conducting an adequate history, examination, patient diagnosis, and/or valid and proper doctor-patient relationship.

In the United States, telehealth using interactive technologies is generally restricted to jurisdictions where the eye doctor is permitted, by law, to practice. In other words, the provider using interactive technologies is typically required to be licensed to practice in the jurisdiction in which the patient is located. For store-and-forward applications, most states require telehealth providers to be licensed in the same state in which the patient resides, even when he or she acts only as a consultant. The AOA has advised doctors of optometry and other appropriate, licensed providers who wish to provide store-and-forward consultations across state lines to limit such consultations to originating states in which they are permitted, by law, to provide care.<sup>9</sup>

The AOA is committed to supporting initiatives that aim to improve patient health access, outcomes, and coordination and communication with their providers, and will remain involved as the Pilot program is developed.

Thank you for the opportunity to provide these comments. If you have any questions, please contact AOA's Regulatory Policy Specialist, Emily Dalgo, at [edalgo@aoa.org](mailto:edalgo@aoa.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara L. Horn, O.D.", with a stylized flourish at the end.

Barbara L. Horn, O.D.  
President, American Optometric Association

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<sup>9</sup> <https://www.aoa.org/Documents/Legal/Position%20Statement%20Regarding%20Eye%20and%20Vision%20Telehealth%20Services%20-%20Referenced%20in%20HOD%20Resolution%201989.pdf>